

**ASP 2019/2020 & SC 2019 Burlington Public Schools
Information & Permission Form**

Child's Name:	Grade as of Sep 2019:	School in Sept:
---------------	-----------------------	-----------------

Does your child have an IEP? Yes No If yes, please provide us with a copy.

I authorize the After School Program (ASP) & Summer Central Program (SC) staff to release my child to the following people. I understand that my child will not be permitted to leave the program with anyone who is not listed below unless the ASP/ SC staff receives advance notification from a parent or guardian. Anyone who is not known to the staff of the ASP/ SC Program will be asked for a picture ID. ***parents and legal guardians** listed on enrollment forms are automatically authorized to pick up your child unless the program is given a copy of a current court ordered custody agreement or restraining order.

Emergency Contacts (also Pick up Contacts) - please list two in addition to parents or guardians (No need to list parents again):

Name:	Relationship:	
Address:	Day Phone:	
Name:	Relationship:	
Address:	Day Phone:	

Additional Non-Emergency Authorized Pick up Contacts:

Name:	Relationship:	
Address:	Day Phone:	
Name:	Relationship:	
Address:	Day Phone:	

My child's records of a physical exam, immunization, and lead screening are up-to-date and on file at my child's school:
ASP does **NOT** need a copy Yes No

Legal: Do you have a current restraining order or a current custody agreement restricting visitation? Yes No
If yes, please specify the person named the relationship and provide a copy of the order.

Does your child have a physical or social/emotional condition of which we should be aware? Yes No
If yes, please explain

Does your child have any allergies? Yes No We require a copy of your child's allergy action plan.

ALLERGY or CONDITON	REACTION	TREATMENT/MEDICATION (ASP does not have access to medication stored in the nurse's office)	NEEDS AT Program	**Burlington Public Schools MED FORM INCLUDED (a separate MEDICATION FORM is REQUIRED for each medication needed at ASP)
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

My Child is taking the following additional medications At Home At School (at program list above)
At Home At School (at program list above)

THE FOLLOWING MD & DMD INFORMATION IS REQUIRED:

Physician's Name or Practice

Phone Number

Dentist's Name or Practice

Phone Number

Child's Name

AUTHORIZATIONS -

Photographs: On occasion, a local newspaper or community organization asks if they can take a picture of the children in the ASP/SC Program engaged in an activity. Although the program cannot prevent a child's photograph from being taken at a public event or location, and cannot prevent that photo from being published in the newspaper, we will do our best to honor your preference whenever possible.

My child may have his picture taken at the ASP/SC Program: Yes No Parent Initials

Sunscreen (Summer Central only) : I give the ASP/ SC Staff permission to apply sunscreen to my child if needed. Please send spray sunscreen to SC with your child. Yes No Parent Initials

Insect Spray (Summer Central only): I give the ASP/ SC Staff permission to apply bug spray to my child if needed. Please send Bug Spray to SC with your child. Yes No Parent Initials

Field Trips: Parents will be notified in advance of all fieldtrips. If your child attends the ASP/ SC Program on a day that a fieldtrip is planned, it is expected that the child will attend the fieldtrip with the Program. I give my child permission to attend all fieldtrips scheduled by the program on days my child attends the ASP/ SC Program. I understand I will receive advance notice of all fieldtrips and may elect to keep my child home if I do not wish to have him/her attend a scheduled trip. Yes No Parent Initials

Support Staff

I give permission for the program staff to talk with my child's classroom teacher or school personnel should there be a need to work together to better serve my child. The ASP /SC staff and school personnel will share best practices, concerns and solutions. Yes No Parent Initials

What are your child's favorite hobbies, games, books, and toys?

What are your child's favorite quiet-time activities?

Does your child: Enjoy being alone?	Enjoy being in a group?
Adjust easily to new situations?	Respond well to instruction?
Communicate easily?	Make friends easily?

Is your child: Outgoing? Shy? Physically active?

How does your child show:
Happiness?
Anger/Disappointment?

If necessary, what is the most effective way to deal with redirection or misbehavior?

What goals do you have for your child while he or she is in the ASP/ SC Program?

Is there any additional information you would like us to know about your child?

Parent Handbook: A copy of the ASP/SC Program Handbook is included in this packet and can be found on the Burlington Public Schools website at www.bpsk12.org, under the Community tab.

I have read the ASP & SC Program Handbook and I agree to abide by all of the policies and guidelines contained in the handbook and to be liable for full payment of my child's tuition regardless of my child's attendance or absence from the ASP & SC Program. I understand that payment is due in advance of services and that it is not possible for deposits or payments to be refunded or transferred to another account. My signature below constitutes my full acceptance of all of the information and terms specified on this form and in the Parent Handbook.

Parent's Signature:

Date: